

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM ST-87)

SCMAG HO.

PELING OATE

111

CLAIMS

	AS FILED		AFTER INTERROGATORIES		AFTER INVESTIGATION	
	W.H.O.	O.C.P.	W.H.O.	O.C.P.	W.H.O.	O.C.P.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL W.H.O.		8				
TOTAL O.C.P.		30				
EPISCOPE	38					

	KHO.	DEP.	KHO.	DEP.	KHO.	DEP.
61						
62						
63						
64						
65						
66						
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99						
100						
TOTAL KHO.						
TOTAL DEP.						
TOTAL						